

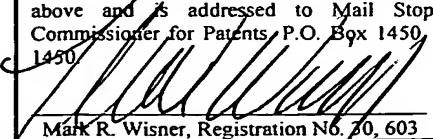
IAP13 Rec'd PCT/PTO 29 SEP 2006

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (EO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		Attorney's Docket Number BIOD,002/CIP U.S. Application No. (37 C.F.R. 1.5) 10/594863
International Application No. PCT/US2005/010439	International Filing Date 29.03.2005	Priority Date Claimed 29.03.2004
Title of Invention METHODS FOR USING PET MEASURED METABOLISM TO DETERMINE COGNITIVE IMPAIRMENT		
Applicant(s) for DO/EO/US PATTERSON, J. and GLABUS, M.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371 (b) and PCT Articles 22 and 39(1). 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> has been transmitted by the International Bureau. c. <input checked="" type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) 6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English-language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11. To 16. Below concern other document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98 (with copies of ___ references). 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST Preliminary Amendment in accordance with the requirements of 37 C.F.R. 1.12. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> A change of power of attorney and/or address letter. 16. <input checked="" type="checkbox"/> Other items or information: <div style="margin-left: 20px;"> <input type="checkbox"/> Petition to Revive International Application Designating the U.S. Abandoned Unintentionally (37 CFR 1.137) enclosed. <input checked="" type="checkbox"/> Form PTO-2038 authorizing a charge to the credit card listed thereon for filing fee for this National Phase application enclosed. </div> 		

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Number: EL993532539US
Date of Deposit: 29 September 2006

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.


 Mark R. Wisner, Registration No. 30, 603

29 Sept. 2006
 Date of Signature

IAP5 Rec'd PCT/PTO 29 SEP 2006

U.S. Application No. (if known, see 37 CFR 1.5) 10/594863		International Application No. PCT/US2005/010439		Attorney's Docket Number BIOD,002/CIP	
17. <input checked="" type="checkbox"/> The following fees are submitted:				CALCULATIONS	PTO USE ONLY
Basic National Fee (37 CFR 1.492(a))				\$ 300.00	
Examination Fee (37 CFR 1.492(c))				\$ 200.00	
Search fee (37 CFR 1.492(b))				\$ 500.00	
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$ 1000.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
Claims	Number Filed	Number Extra	Rate		
Total Claims*	20 - 20 =	0	x \$ 50.00	\$ - 0 -	
* After entry of any enclosed Preliminary Amendment					
Independent Claims	1 - 3 =	0	x \$200.00	\$ - 0 -	
Multiple dependent claim(s) (if applicable)			+ \$360.00	\$ - 0 -	
TOTAL OF ABOVE CALCULATIONS =				\$ 1000.00	
Reduction by 1/2 for filing by small entity, if applicable. Small Entity Status is hereby claimed in the captioned application.				\$ 500.00	
SUBTOTAL =				\$ 500.00	
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). +					
TOTAL NATIONAL FEE =				\$ 500.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property =				\$ - 0 -	
TOTAL FEES ENCLOSED =				\$ 500.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$

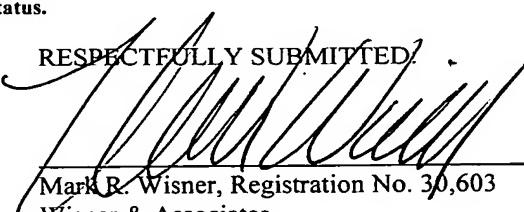
- a. ☐ Check No. _____ in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 50-0965 (_____) in the amount of \$ _____ to cover the above fees.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required or any deficiency, or credit any overpayment to Deposit Account No. 50-0965 (BIOD,002/CIP).
- d. ☒ Fees are to be charged to a credit card (Form PTO-2038 enclosed).

NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

RESPECTFULLY SUBMITTED

PLEASE SEND ALL CORRESPONDENCE TO:

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